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PTO/SB/22 (10-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) C044
In re Application of Francis P. Tally et al.		
Application Number 09/227,687		Filed January 8, 1999
For METHOD FOR IDENTIFYING VALIDATED TARGET AND ASSAY COMBINATIONS FOR DRUG DEVELOPMENT		
Group Art Unit 1636		Examiner Leffers, Gerald G.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a Reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 400.00
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 920.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1440.00
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 1960.00

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$460.00.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. From PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1986.

☒ I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor
☐ assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ attorney or agent of record.
☐ attorney or agent under 37 CFR 1.34(a).
 Registration number if acting under 37 CFR 1.34(a) _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

August 18, 2003
Date

Signature
Timothy J. Douros
 Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 form is submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Adjustment date: 06/21/2004 EEKUBAY1
 09/11/2003 TJOHNS04 00000001 501986 09227687
 02 FC:1253 920.00 CR

08/18/03 MON 16:17 [TX/RX NO 5174]

06/21/2004 EEKUBAY1 00000016 501986 09227687

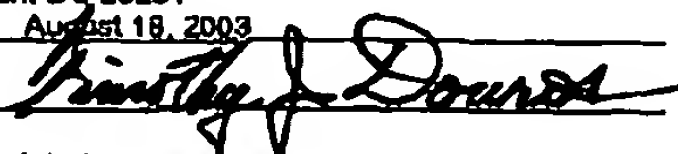
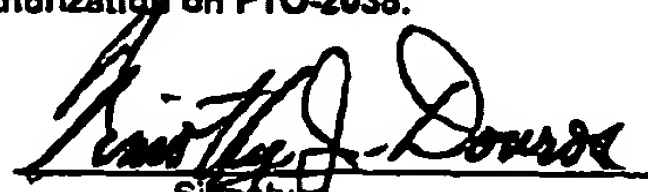
01 FC:2253 460.00 DA
 02 FC:2401 160.00 DA

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PTO/SB/31 (08-03)

Approved for use through 7/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) C044
I hereby certify that this correspondence is via Facsimile to facsimile number 703-305-3592 to: "Commissioner for Patents, Box AF, Washington, DC 20231" on <u>August 18, 2003</u> Signature <u></u> Typed or printed name <u>Timothy J. Douros</u>	In re Application of Tally et al. Application Number 09/227,687 Filed 01/08/99 For Methods for Identifying Validated.... Art Unit 1636 Examiner Leffers, Gerald	
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.		
The fee for this Notice of Appeal is (37 CFR 1.17(b)) <u>\$320.00</u>		
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <u>\$160.00</u>		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-1986</u> . I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the		
<input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>41,716</u>		
<input type="checkbox"/> attorney or agent acting number 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____		
 Signature <u>Timothy J. Douros</u> Typed or printed name		<u>781-860-8476</u> Telephone number
_____ Date		<u>August 18, 2003</u> Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		

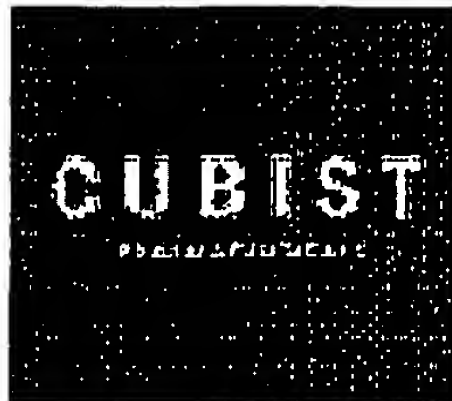
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.

This collection of information is required by 37 CFR 1.91. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestion for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.W. Box 1450, Alexandria, VA 22313-1250. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.

Adjustment date: 06/21/2004 EEKUBAY1
 09/11/2003 TJOHNSD4 00000001 501986 09227687
 01 FC:1401 320.00 CR

08/18/03 MON 16:17 [TX/RX NO 5174]



Fax

To: Deposit Account Branch

From: Viana Daly

Intellectual Property Administrator

Tel: 781 860 8469

Fax: 781 860 1407

Fax: 703 308 6778

Pages: ____ (including cover sheet)

Phone:
Date: May 27, 2004

Re: Deposit Account 50-1986

CC:
☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**
• Comments:

A review of past Deposit Account statements shows that large entity fees were deducted from our deposit account as follows:

<u>Date</u>	<u>Serial No.</u>	<u>Docket No.</u>	<u>Fee</u>
07/01/03	09/735,191	C062	750.00
08/27/03	10/008,544	C053/C2 (formerly CUB-1CON)	750.00
09/11/03	09/227,687	C044 (formerly CPI98-03P9MA)	320.00
09/11/03	09/227,687	C044 (formerly CPI98-03P9MA)	920.00
10/31/03	09/735,191	C062	1,330.00
TOTAL			\$4,070.00

\$460.00

Cubist Pharmaceuticals, Inc. is a small entity. We therefore respectfully request that you refund the sum of \$2,035.00, which is the difference between the total small and large entity fees.

Thank you for your attention to this matter. Please contact me if you have any questions.

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USPTO Dep AcctFAX(refundreq) 052704

65 Hayden Avenue, Lexington, MA 02421

P. 781.860.8660

F781-860-1407

www.cubist.com

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Fax

To: Deposit Account Branch**From:** Viana Daly

Intellectual Property Administrator

Tel: 781 860 8469

Fax: 781 860 1407

Fax: 703 308 6778**Pages:** (including cover sheet)**Phone:****Date:** May 27, 2004**Re:** Deposit Account 50-1986**CC:**
☐ **Urgent**
☐ **For Review**
☐ **Please Comment**
☐ **Please Reply**
☐ **Please Recycle**

• **Comments:**

A review of past Deposit Account statements shows that large entity fees were deducted from our deposit account as follows:

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07/01/03	09/735,191	C062	750.00	
08/27/03	10/008,544	C053/C2 (formerly CUB-1CON)	750.00	
09/11/03	09/227,687	C044 (formerly CPI98-03P9MA)	320.00	
09/11/03	09/227,687	C044 (formerly CPI98-03P9MA)	920.00	
10/31/03	09/735,191	C062	1,330.00	
TOTAL			\$4,070.00	\$165.00

Cubist Pharmaceuticals, Inc. is a small entity. We therefore respectfully request that you refund the sum of \$2,035.00, which is the difference between the total small and large entity fees.

Thank you for your attention to this matter. Please contact me if you have any questions.

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